SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 17/24
				(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose				13 14 15 16 17
or	for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Osteopathic Information Asso ittee	ociation - C	Osteopathic Political Action C	Comm-
A.	Full Name (Last, First, Middle Initial) Robert S. Seiple, DO			Date of Receipt
	Mailing Address 7633 Johntimm Ct			10 06 2006
	City State Zip Code			Transaction ID: 24802146
	Dublin	OH	43017-3427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	1000.00	1
	Other (specify)	0 0	1000.00	
— В.	Full Name (Last, First, Middle Initial) Phillip L. Shettle, DO			Date of Receipt
	Mailing Address 1670 Fox Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24802147
	Clearwater	FL	33764-6433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		e Year-to-Date ▼	
	Primary General	-	0055.00	1
	Other (specify)		2055.00	
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address 1248 Wellington Terrace			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24802148
	Maitland	<u>FL</u>	32751-3448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Howell Family Medical	Occupation		
	Associates	Office Ma		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.00	1
	Other (specify)		1000.00	1
s	UBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)